



## RECOMMENDATION LETTER

### **PARTNERS IN POLICYMAKING ADVOCACY TRAINING PROGRAM**

*Partners in Policymaking participants are people with developmental disabilities or parents of young children with developmental disabilities. Individuals participating in the program will attend advocacy training, resource development and skill building workshops. Program participants will attend and participate in 8 two-day sessions between September and May. Completion of the application, letters of recommendation and subsequent selection for the Partners in Policymaking program requires a substantial commitment of time, motivation, and energy.*

Name of Applicant: \_\_\_\_\_ Class Year: \_\_\_\_\_

**NOTE TO INDIVIDUAL COMPLETING THIS LETTER OF RECOMMENDATION:** DO NOT MAIL THIS LETTER OF RECOMMENDATION TO THE VIRGINIA BOARD. ALL LETTERS OF RECOMMENDATION MUST BE MAILED TO THE BOARD OFFICE BY THE APPLICANT, ATTACHED TO THE COMPLETED APPLICATION FORM, AND RECEIVED BY THE PUBLISHED DEADLINES.

What is your relationship to applicant?

How long have you known applicant?

In your opinion, would the applicant be able to make a commitment to attend all 8 two-day training sessions, complete all homework assignments, and develop and complete a major project?

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In your opinion, is there anything that would keep the applicant from completing this program?

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Please give a brief narrative of why you feel the individual should be selected to participate in the Partners in Policymaking Program.

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**Please tell us about yourself:**

Name		Occupation	
Street Address:		City/Zip:	
Phone:		Email address:	

Would you like more information about the Virginia Board for People with Disabilities?

\_\_\_\_ Yes \_\_\_\_ No

Would you like to be placed on the Board newsletter mailing list?

\_\_\_\_ Yes \_\_\_\_ No